

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 28, 1993

ALL-COUNTY LETTER NO. 93-84

TO: COUNTY WELFARE DIRECTORS

Reason for this Transmittal

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: IMPLEMENTATION OF SUPPLEMENTAL CHILD CARE (SCC) PROGRAM

REFERENCE: WELFARE AND INSTITUTIONS CODE SECTION 11471.7

This letter is to provide instructions for the implementation of the Supplemental Child Care (SCC) Program established by Senate Bill (SB) 35 (Chapter 69, Statutes of 1993). All counties, including those counties participating in the Assistance Payments Demonstration Project (APDP) evaluation, are required to implement the SCC Program on November 1, 1993.

The SCC Program provides for a supplement to the current dependent care disregard amount received by working Aid to Families with Dependent Children (AFDC) recipients when actual child care costs exceed the disregard. The objective of the SCC Program is to remove a significant barrier to employment for AFDC families with young children. The SCC Program was developed with considerable assistance from a special County Welfare Directors' Association Workgroup. CDSS and the Workgroup made a concerted effort to develop a program which, while meeting federal requirements, would fit into the existing AFDC Program framework and would be as simple as possible to administer.

Attached are the guidelines, forms, notices, instructions, funding information and a draft of the emergency regulations for implementing the SCC Program. The regulations were filed with the Office of Administrative Law to be effective on November 1, 1993. We anticipate forwarding the approved regulations to counties in late November. Fiscal claiming instructions will be transmitted to counties under separate cover. CDSS will be in contact with the counties to determine if any additional clarifying materials will be necessary.

In addition, CDSS requests that each county designate a county contact person for the SCC Program. Please provide the name and address of that person to Ms. Jan DeSilva at (916) 654-1768 by November 1, 1993, if possible.

To assist counties in the implementation of the SCC Program, CDSS will conduct regional training on the SCC Program starting on November 1 and ending on November 8, 1993. The exact locations and times are listed in Attachment 7.

If you have any questions regarding the implementation of the SCC Program, please see the attached CDSS Contact List (Attachment 1) for the name of the appropriate contact person.



MICHAEL C. GENEST  
Deputy Director  
Welfare Program Division

Attachments

IMPLEMENTATION OF THE  
SUPPLEMENTAL CHILD CARE (SCC) PROGRAM

INDEX OF ATTACHMENTS

California Department of Social Services (CDSS) Contact List . . . . .	1
Supplemental Child Care (SCC) Implementation Guidelines . . . . .	2
Supplemental Child Care (SCC) Forms and Instructions . . . . .	3
Supplemental Child Care (SCC) Notice of Action Forms, Messages and Instructions . . . . .	4
Statistical Reporting Requirements . . . . .	5
Preliminary County Allocations. . . . .	6
Training Schedule . . . . .	7
Draft Supplemental Child Care (SCC) Regulations (MPP 44-500) . . . . .	8

IMPLEMENTATION OF THE  
SUPPLEMENTAL CHILD CARE (SCC) PROGRAMCDSS CONTACT LIST

<u>SUBJECT</u>	<u>CONTACT</u>	<u>TELEPHONE NUMBER</u>
SCC Program Implementation and Policy Interpretation	Jan DeSilva	(916) 654-1768
AFDC Policy Interpretation regarding SCC Payments	Julie Lopes	(916) 654-1786
Food Stamp Policy Interpretation regarding SCC Payments	Laura Warren	(916) 654-1405
Fiscal Claiming	Cindi Carleton	(916) 654-0690
SCC Program Allocations	Your County Administrative Expense Control Analyst	(916) 657-3806
Statistical Reporting	Mary Butera	(916) 653-5351

IMPLEMENTATION GUIDELINES FOR THE  
SUPPLEMENTAL CHILD CARE (SCC) PROGRAM

These guidelines are for implementing the Supplemental Child Care (SCC) Program. Draft regulations for this program are attached and are currently being filed with the Office of Administrative Law.

SCC Informing

Counties shall notify all AFDC recipients of the availability of the Supplemental Child Care (SCC) Program on November 1, 1993. We recognize the difficulty many counties may experience in getting notice out to all AFDC recipients on such short notice. However, in order that recipients be informed of their potential eligibility as closely as possible to the time such benefits are actually available, counties are encouraged to and should make every effort to notify all AFDC recipients during the month of November 1993. A reproducible copy of the informing notice, TEMP SCC 4, designed to satisfy the initial informing requirement, is included in Attachment 3. This informing notice describes the availability of SCC payments and the SCC eligibility requirements. Counties may use the exact language included in the informing notice to develop county-specific forms or stuffers.

After the initial informing, counties should identify all working recipients and send a SCC Program Information, TEMP SCC 5, to provide them with their rights and responsibilities, and a Monthly Child Care Eligibility Report, TEMP SCC 6, to complete and submit with their CA 7/SAWS 7 in December. The TEMP SCC 5 was designed to satisfy all remaining informing requirements at the time of application, at redetermination and after reporting earned income. See Attachment 3 for copies of these forms and further instructions.

For your information, the CA 1030, Important Information - AFDC, and the SAWS 2A, Important Information for Applicants and Recipients for Cash Aid, Food Stamps and Medical Assistance, are being revised to include information about the SCC Program.

SCC Program Eligibility Requirements

To be eligible for SCC, the AFDC recipient must meet all the following criteria:

- Be working and be eligible for the dependent care disregard.
- Have child care costs for an eligible child which are in excess of the amount allowed as a dependent care income disregard.
- Have child care arrangements with an eligible child care provider.

### SCC Payment

SCC payments will be issued when child care costs are submitted to the county on a Monthly Child Care Eligibility Report (SCC 6) along with the recipient's monthly report (CA 7/SAWS 7). The county shall review those child care costs each month and determine if the recipient is eligible for a SCC payment.

The county shall issue a payment to eligible recipients by the first day of the month following the report month. For example, if child care costs were incurred in November and reported on December 5th, the county shall issue the SCC payment by January 1st. If the SCC 6 is submitted after the eleventh of the month, the county shall issue the SCC payment as soon as administratively feasible.

### Payment Determination

The SCC payment shall be the difference between 1) the family's actual monthly child care costs OR the 75th percentile rate ceiling, whichever is less, and 2) the allowable child care disregard OR the portion thereof, used to reduce the net countable income. The 75th percentile rate ceiling is based on the most current Regional Market Rate (RMR) survey conducted by the California Child Care Resource and Referral Network. A copy of the most recent survey can be obtained from the county GAIN/NET/TCC Coordinator or by contacting CDSS. The county shall only issue a SCC payment for the child care hours incurred while the recipient was working or traveling between his/her job site and the child care provider.

### Loss of Program Eligibility

Loss of program eligibility occurs when the county determines the recipient fails to meet program requirements. For example, the recipient would lose eligibility for a SCC payment during any month when he or she is not working, submits a late CA 7/SAWS 7 and is ineligible for a income disregard, or does not submit a Monthly Child Care Eligibility Report (SCC 6).

### Underpayments and Overpayments of SCC

The SCC Program has underpayment and overpayment regulations located in the Draft SCC Regulations (Manual of Policies and Procedures Section 44-508) in Attachment 8. Federal requirements allow the recoupment of child care overpayments only from child care benefits. Any recoveries of child care overpayments may be made from AFDC benefits only upon a voluntary request by the recipient.

#### Forms and Notices of Action

CDSS has developed new forms for the SCC Program. Reproducible copies of the forms and instructions for their use are included in Attachment 3.

CDSS has developed new NOA messages for the SCC Program. Currently two AFDC NOA messages have been revised and two more are in the process of being revised to include SCC references. Reproducible copies of the NOA messages and instructions for their use are included in Attachment 4.

NOAs shall be issued for an approval of a SCC payment, a denial of a SCC payment, a change in the SCC payment, an incomplete TEMP SCC 6, and overpayment notifications.

Translated versions of the non-bilingual forms and NOA messages will be issued under separate cover to the County Forms Coordinator when available.

#### State Hearings

The county shall inform recipients of the right to request a state hearing when the recipient believes that the county determination is inconsistent with the SCC Program. When a recipient requests a hearing to appeal the county's action, he/she shall not be entitled to a continuation of the SCC payment in the same amount pending the hearing decision. Counties shall pay child care services only at the level and in the form authorized by the county action under appeal. State hearing procedures are specified in the Manual of Policies and Procedures, Division 22.

#### Fiscal Claiming

Time study and fiscal claiming instructions for the new SCC Program are being developed and will be transmitted to counties under separate cover. If you have any questions regarding fiscal claiming or time studying, please consult the CDSS Contact List (Attachment 1).

#### Funding Information

The SCC allocation will be an augmentation to the existing AFDC administrative allocation. The additional State share funding will be included in the January reallocation process. The SCC administrative expenditures will be charged against your AFDC allocation and therefore, would be included in any year-end adjustment should any county exceed their State share allocation. All adjustments are subject to the availability of surplus funds.

The funding ratio for the SCC Program is the same as for the AFDC Program. The ratio for the payments is 5% of the non-federal share pursuant to Welfare and Institutions (W & I) Code Section 15200(a). The ratio for the administrative costs is 30% of the non-federal share pursuant to W & I Code Section 15204.2.

The FY 1993/94 SCC Program administrative allocations are shown on Attachment 6. The methodology used was based on the most recent AFDC-Family Group caseload and the AFDC Characteristics Survey which provided a percentage of cases claiming child care costs that exceeded the disregard. Each county's percentage of the caseload total was applied to the statewide total. An adjustment was made to provide a minimum of \$200 General Fund to every county. If you have any questions regarding these allocations, please consult your County Administrative Expense Control Analyst.

#### Statistical Reporting Requirements

The reporting requirements for the SCC Program are the same requirements as for all Title IV-A child care programs. Those requirements were described in All-County Letter No. 93-23 dated March 31, 1993. A revised ACF-115 (State) form is included in Attachment 5. Data elements for both the SCC Program and the California Alternative Assistance Program (CAAP), which will be implemented on January 1, 1993, have now been added. Furthermore, the Monthly Child Care Eligibility Report (TEMP SCC 6) was designed to replace the ACF-115 (County) and will obtain all information necessary to meet these reporting requirements. If you have any questions regarding the statistical reporting requirements, please consult the CDSS Contact List (Attachment 1).

#### Training Scheduled

In order to assist counties in the implementation of the SCC Program, the Child Care Programs Section in CDSS has scheduled training in five locations. Counties are encouraged to limit their participation and send only three to five representatives. If you plan to attend, please bring along a copy of this All-County Letter (ACL). See Attachment 7 for the scheduled times and locations.

#### Impact on AFDC

A SCC payment shall not count against a recipient's cash aid. Therefore, Manual of Policies and Procedures (MPP) Section 44-111.3 is being amended to exempt SCC payments from consideration as income in the AFDC computation. If you have any AFDC policy questions, please consult the CDSS Contact List (Attachment 1).



Impact on Food Stamps

For Food Stamp (FS) purposes, SCC is a reimbursement as specified in MPP Section 63-502.2(g) and as such is excluded from income. The FS dependent care deduction is calculated by subtracting the SCC reimbursement from the actual child care expense for the budget month (MPP Section 63-503.254(a)) and the difference, up to the current \$160 maximum, is the FS dependent care deduction. The SCC reimbursement must be applied to the month's expense it was intended to cover; counties should not apply a previous month's SCC reimbursement against the budget month's expense. If the household receives a reimbursement that covers prior months and the budget month, only the SCC reimbursement for the budget month should be deducted from the actual child care expense to determine the dependent care deduction.

If the SCC reimbursement can be reasonably anticipated, (for example, from the client's history) the county should disallow the child care expense up to the amount of the SCC reimbursement, and the excess up to the maximum of \$160 is the dependent care deduction. If the SCC reimbursement cannot be reasonably anticipated, the county should allow the child care expense up to the maximum of \$160. If the household receives a retroactive SCC reimbursement for prior month(s), this payment will be excluded from both income and resources. If you have any questions, please consult the CDSS Contact List (Attachment 1).

Assistance Payments Demonstration Project (APDP) Research Counties (Alameda, San Bernardino, San Joaquin, Los Angeles)

The SCC Program applies to both control and experimental cases.

SUPPLEMENTAL CHILD CARE (SCC) PROGRAM  
FORMS AND INSTRUCTIONS

Attached are reproducible copies of the Supplemental Child Care (SCC) Program forms and instructions which are to be used by county staff in the implementation of the program. All of the TEMP SCC forms are "Required - Substitute Permitted". The TEMP SCC forms are attached and discussed in the following order:

- o Important Notice, TEMP SCC 4 (Initial Informing Notice)
- o Supplemental Child Care (SCC) Program Information, TEMP SCC 5
- o Monthly Child Care Eligibility Report, TEMP SCC 6
- o Supplemental Child Care (SCC) Payment Calculation Worksheet, TEMP SCC 7
- o Supplemental Child Care (SCC) Repayment Agreement, TEMP SCC 10
- o Supplemental Child Care (SCC) Hearing Rights, NA SCC BACK

To obtain a camera-ready copy of the English and/or Spanish versions of the SCC forms, telephone or write to:

CDSS Forms Management Unit  
744 P Street, MS 7-182  
Sacramento, CA 95814  
(916) 657-1907/ATSS 437-1907

Important Notice, TEMP SCC 4 (Initial Informing Notice)

This notice shall be used to satisfy the initial informing requirement for the implementation of the SCC Program. The TEMP SCC 4 shall be provided to all AFDC recipients according to the guidelines in Attachment 2 of this ACL. Counties may also use other means, i.e., stuffers, fliers, etc., to inform AFDC recipients as long as the exact language from the TEMP SCC 4 is used.

Supplemental Child Care (SCC) Program Information, TEMP SCC 5

The TEMP SCC 5 shall be used to satisfy the on-going SCC informing requirements. The TEMP SCC 5 should also be sent to all working AFDC recipients in November, 1993, to provide them with their rights and responsibilities, along with a Monthly Child Care Eligibility Report, TEMP SCC 6, to submit. The TEMP SCC 5 shall be used to inform AFDC applicants, AFDC recipients at redetermination and when they obtain employment.

Monthly Child Care Eligibility Report, TEMP SCC 6

The TEMP SCC 6 is a document which the recipient and his/her child care provider completes and submits to the county every month with their CA 7/SAWS 7 in order to receive a SCC payment. If the CA 7/SAWS 7 is submitted without a TEMP SCC 6, the recipient may qualify for their income disregards but will not qualify for a SCC payment.

The TEMP SCC 6 includes a certification signed by the recipient under penalty of perjury that he/she paid the reported child care costs and that the hours of child care reported were related to his/her work hours. The TEMP SCC 6 was also designed to obtain the information necessary to meet the Title IV-A reporting requirements. Refer to Statistical Reporting Requirements in the SCC Program Guidelines on Page 4 in Attachment 2.

Every item on the TEMP SCC 6 must be completed before the county can authorize a SCC payment. If the TEMP SCC 6 is submitted incomplete, counties must send it back to the recipient with a NOA. If the recipient completes and resubmits the form by the first day of the following month, the county shall reconsider eligibility for a SCC payment.

If there are multiple child care providers, the recipient will have to submit a separate form for each provider.

Supplemental Child Care (SCC) Payment Calculation Worksheet, TEMP SCC 7

The TEMP SCC 7 provides an optional worksheet for calculating the monthly SCC payment and any SCC overpayment. Counties may use this form or incorporate these calculations into existing county forms or computer systems.

Supplemental Child Care (SCC) Repayment Agreement, TEMP SCC 10

The TEMP SCC 10 is an agreement between the recipient and the county specifying how an overpayment which has been made to the recipient is to be repaid. This form is used only after the recipient is no longer receiving SCC payments.

The county completes Part I, which includes the amount of the overpayment and instructions to the recipient about the repayment process. The recipient completes Parts II, III, and IV, which include cash payment arrangements and AFDC grant reductions. The completed agreement is signed by the recipient and county worker.

Supplemental Child Care (SCC) Hearing Rights, NA SCC BACK

This form is to be used on the back of all SCC NOAs and with the TEMP SCC 10, the SCC Repayment Agreement. This special back is necessary to inform recipients that there is no aid pending the hearing for SCC. This form will no longer be necessary once the standard back, the NA BACK 6, is revised to incorporate the child care language. The NA BACK 6 is currently being revised and will be provided under separate cover.

## **IMPORTANT NOTICE SUPPLEMENTAL CHILD CARE (SCC) PROGRAM**

As of November 1, 1993, the Supplemental Child Care (SCC) Program may help you pay part of your child care costs if you meet all of the following rules:

- You are working and on cash aid; and
- You are paying for child care for a child under the age of 13 years (unless the child needs special care); and
- You are eligible to get the dependent care disregard when your cash aid amount is figured; and
- You have child care costs that are more than the amount allowed in the dependent care disregard; and
- Your child care provider is licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor, or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license.

A SCC payment will not count against your cash aid.

If you are eligible for SCC, your worker will send you a Monthly Child Care Eligibility Report (SCC 6) for you to complete each month.

## **AVISO IMPORTANTE PROGRAMA SUPLEMENTAL DE CUIDADO DE NIÑOS**

A partir del 1 de noviembre de 1993, el Programa Suplemental de Cuidado de Niños (SCC) posiblemente le ayude a pagar parte de sus gastos de cuidado de niños, si usted cumple con todas las siguientes reglas:

- Usted está trabajando y está recibiendo asistencia monetaria; y
- Usted está pagando cuidado de niños para un niño(a) menor de 13 años (a menos que el niño necesite cuidado especial); y
- Usted reúne los requisitos para recibir la deducción por cuidado de niños cuando se calcule su cantidad de asistencia monetaria; y
- Usted tiene gastos de cuidado de niños superiores a la cantidad permitida en la deducción por cuidado de niños; y
- Su proveedor de cuidado de niños ha recibido licencia del Estado de California, a menos que esté exento(a). Exento significa el cuidado de sus niños, sin licencia, por una amistad, vecino, o pariente en el hogar de usted o en el de ellos. La amistad o vecino solamente puede cuidar a los hijos de usted y de ellos sin tener licencia.

Un pago de SCC no contará contra su asistencia monetaria.

Si usted reúne los requisitos para recibir SCC, su trabajador(a) le enviará un Reporte Mensual de Elegibilidad para el Cuidado de Niños (SCC 6) para que usted lo complete cada mes.

## SUPPLEMENTAL CHILD CARE (SCC) PROGRAM INFORMATION

### What is SCC?

The Supplemental Child Care (SCC) Program helps pay child care costs for working Aid to Families With Dependent Children (AFDC) recipients.

### Can I get SCC?

To get SCC you must meet the following rules:

- You must be on AFDC and have child care costs for child(ren) in your AFDC assistance unit under the age of 13 years unless your child(ren) need(s) special care.
- Your child care provider must be at least 18 years old, not a parent or legal guardian of the child, not a member of your AFDC assistance unit, and either be licensed with the State of California or exempt from licensure.
- You must be working and eligible for the dependent care disregard.
- Your child care costs are more than the amount allowed in the dependent care disregard.

### What are my rights?

Your rights are:

- To be told in writing when your SCC payments are approved, denied, changed or stopped.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor, or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care also includes after school programs provided by school districts at grammar schools.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing, you will not get aid paid pending the hearing. You shall be paid for child care services only at the level authorized by the county action under appeal.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap, or age. You may file a complaint if you feel you have been discriminated against.

### What are my responsibilities?

To get SCC, you must:

- Give us proof of your child care costs every month on a Monthly Child Care Eligibility Report (SCC 6).
- Give us the facts that we need and show proof of them as needed.
- Agree to pay back any SCC that you were not entitled to receive.

### When will I stop getting SCC?

You will stop getting SCC when:

- You are no longer getting AFDC.
- You are no longer working.
- You did not give us a timely monthly report (CA-7/SAWS 7) and did not get a dependent care disregard.
- You become eligible for and able to receive child care benefits from another subsidized program.
- You no longer have an eligible child.
- Your child care provider is not licensed with the State of California and is not exempt from licensure.

### Penalty warning

- Failure to report facts or giving wrong or incomplete facts to the SCC program can result in legal prosecution with penalties of a fine, imprisonment, or both.

### Additional information:

What other programs are available to help with child care costs?

- The Transitional Child Care (TCC) Program may help you pay your child care costs for up to 12 months after you stop getting AFDC because you are working. Ask your worker.
- The At Risk Child Care Program (ARCCP) may help you pay your child care costs if you are not getting AFDC or TCC and are working. You can call toll-free 1-800-998-9114 for more information.
- The California Department of Education (CDE) has a subsidized child care system. For more information contact your local Resource and Referral Agency.

**MONTHLY CHILD CARE ELIGIBILITY REPORT****Instructions:**

- Complete and return this report by the 5th of the month with your CA 7/SAWS 7.
- Part A must be completed by your child care provider.
- Part B must be completed by you.
- Use a separate form for each child care provider.

MONTH OF REQUEST:

**NEED HELP? ASK YOUR WORKER.****PART A - CHILD CARE PROVIDER FILLS IN THIS SECTION**

YOUR NAME (FIRST, MIDDLE, LAST)

ADDRESS (STREET, CITY)

STATE, ZIP CODE

SOCIAL SECURITY NUMBER

PHONE

I provided child care in: ☐ My home ☐ Child's home ☐ Family Day Care ☐ Center Care  
for the recipient below in \_\_\_\_\_, 19\_\_\_\_\_, for the following children:

(MONTH)

Child's Name	Age	Amount Paid Per Child	Date Paid	# Days Care Provided	# Hours Care Provided	Rate Charged (specify per hour, day, week, month)
A.						
B.						
C.						

For the boxes listed below check ( ☒ ) the one that applies to you.

- ☐ I certify I am a licensed child care provider and my license number is \_\_\_\_\_.
- ☐ I certify I do not need a license because I am related to the child.
- ☐ I certify I do not need a child care license because I care only for the child(ren) listed above I understand I may care for my own child(ren) and a child(ren) from only one other family; and
- I gave the recipient below the name, addresses, and telephone numbers of two character references and a statement as to my health; education or experience; criminal record; and names and ages of other persons in the home providing care.
  - I declare that I am at least 18 years of age.
  - I declare that I provided the child care listed above and that the hours of care and total monthly payment listed above is true and correct.
  - I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this report is true and correct and that the child care was provided.

SIGNATURE OF PROVIDER

DATE

**PART B - RECIPIENT FILLS IN THIS SECTION**

NAME (FIRST, MIDDLE, LAST)

CASE NAME, IF DIFFERENT

- I understand that any statements made on this form are subject to investigation and verification.
- I understand that I must pay child care rates which are the same as rates billed by the child care provider for services given to other children.
- I understand that the hours of child care reported on this form are reasonably related to the hours I work.
- I understand I have the right to choose the child care provider who is best for me and my child(ren).
- I understand that the provider must have a license or be exempt from having a license in order for me to get a child care payment.
- I understand that I must pay back any child care payments I am not entitled to receive.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this report is true, correct and complete and that the child care was provided.

SIGNATURE OF RECIPIENT

DATE

**COUNTY USE ONLY**

DATE RECEIVED:

CASE NAME:

CASE NUMBER:

A. Eligible Child ☐ Yes ☐ NoEligible Provider ☐ Yes ☐ No☐ Verify child care hours relate to work hours☐ FT (35+ hours per week)☐ PT (Less than 35 hours per week)☐ Same Rate Ceiling☐ Rate Ceiling changed

Actual child care costs \$ \_\_\_\_\_

Rate Ceiling \$ \_\_\_\_\_

1. Lesser of two \$ \_\_\_\_\_

2. Disregard - \_\_\_\_\_

3. Subtotal \$ \_\_\_\_\_

B. Eligible Child ☐ Yes ☐ NoEligible Provider ☐ Yes ☐ No☐ Verify child care hours relate to work hours☐ FT (35+ hours per week)☐ PT (Less than 35 hours per week)☐ Same Rate Ceiling☐ Rate Ceiling changed

Actual child care costs \$ \_\_\_\_\_

Rate Ceiling \$ \_\_\_\_\_

1. Lesser of two \$ \_\_\_\_\_

2. Disregard - \_\_\_\_\_

3. Subtotal \$ \_\_\_\_\_

C. Eligible Child ☐ Yes ☐ NoEligible Provider ☐ Yes ☐ No☐ Verify child care hours relate to work hours☐ FT (35+ hours per week)☐ PT (Less than 35 hours per week))☐ Same Rate Ceiling☐ Rate Ceiling changed

Actual child care costs \$ \_\_\_\_\_

Rate Ceiling \$ \_\_\_\_\_

1. Lesser of two \$ \_\_\_\_\_

2. Disregard - \_\_\_\_\_

3. Subtotal \$ \_\_\_\_\_

**TOTALS**

Total (Item #3's)

SCC for all children \$ \_\_\_\_\_

Overpayment

Adjustment - \_\_\_\_\_

TOTAL SCC

PAYMENT \$ \_\_\_\_\_

## MONTHLY CHILD CARE ELIGIBILITY REPORT - TEMP SCC 6

### INSTRUCTIONS:

The SCC 6 is provided to working AFDC recipients so they can complete and submit it to the county by the 5th of each month along with their CA 7/SCC 7.

Part A is completed by the child care provider. The child care provider indicates whether he/she is licensed or exempt, the setting of the child care, the name(s) of the child(ren) for whom care was provided, the days and hours of child care, and the amount paid and rates charged for each child. The child care provider signs under penalty of perjury.

Part B is completed by the recipient. The recipient signs under penalty of perjury.

Under "COUNTY USE ONLY", the county worker indicates the date the SCC 6 is received, the case name, and the case number.

The county worker would then complete each of the following steps:

1. Verify the form's completeness and return it to the recipient with a NOA if incomplete;
2. Verify the eligibility of both the child and the child care provider;
3. Verify the hours of work reported on the CA 7/SAWS 7 relate to the hours of child care claimed on the SCC 6;
4. Determine whether the child care hours were provided on a FT (35 or more hours per week) or PT (less than 35 hours per week) basis;
5. Determine if the rate ceiling is the same as the previous month or has changed due to a new provider, etc.
6. Compute the SCC payment amount for each child.
7. Combine all children's subtotals and subtract any overpayment to determine the total SCC payment.



# **SUPPLEMENTAL CHILD CARE (SCC) PAYMENT CALCULATION WORKSHEET**

CASE NAME:

CASE NUMBER:

WORKER NUMBER:

MONTH:	CHILD #1	CHILD #2	CHILD #3
1. Child's Name			
2. Actual Monthly Child Care Cost:			
3. 75th Percentile Rate Ceiling:			
4. Maximum Reimbursement: (Lesser of 2 or 3) =			
5. Amount Received From Child Care Disregard: -			
6. SCC Reimbursement Amount: (4 minus 5) =			
7. Total SCC Reimbursement Amount: (All Item 6s) =			
8. Overpayment Adjustment: -			
9. Net SCC Reimbursement Amount: (7 minus 8) =			
<b>SCC RECOMPUTATION</b>			
10. SCC Payment Previously Authorized:			
11. Correct SCC Payment:			
12. Overpayment (If 10 is Larger Than 11):			
13. Underpayment (If 11 is Larger Than 10):			
WORKER INITIAL/DATE:			

## SUPPLEMENTAL CHILD CARE (SCC) PAYMENT CALCULATION WORKSHEET

### Purpose

This worksheet is used to compute and document SCC reimbursement amounts and/or overpayments on a monthly basis. It can also serve to collect certain data elements needed for monthly statistical reporting purposes.

### Preparation

The worker completes this form each month whenever child care costs are incurred beyond the child care income disregard amount.

- Item 1: Enter each child's name.
- Item 2: Enter the actual monthly child care cost for each child.
- Item 3: Enter the Regional market Rate (RMR) amount for each child based on the RMR chart and using the following information:
- a. The child's age.
  - b. Whether the care was provided on a full-time (35 hrs per week or more) or part-time (less than 35 hours per week) basis.
  - c. The type of provider (i.e., a licensed day care center, in-home exempt care, etc.).
  - d. How the provider charges (hourly, daily, weekly, or monthly)
- Item 4: Enter the Maximum Reimbursement per child which is the lesser of Item 2 or Item 3.
- Item 5: Enter the amount used to reduce the net countable income through the child care disregard process.
- Item 6: Enter the SCC Reimbursement amount by deducting Item 5 from Item 4.
- Item 7: Add all Item 6 amounts and enter the combined total in Item 10. This figure gives the total combined SCC Reimbursement amount for the family.
- Item 8: Enter any overpayment adjustment amount.
- Item 9: Enter the Net SCC Reimbursement amount (Item 7 less Item 8)

### SCC RECOMPUTATION

- Item 10: Enter the original SCC payment amount.
- Item 11: Enter the revised SCC payment amount.
- Item 12: Enter the difference between Item 10 and Item 11 if Item 10 is larger than Item 11.
- Item 13: Enter the difference between Item 10 and Item 11 if Item 11 is larger than Item 10.

Worker Initial/Date: Enter the initials of the SCC worker and the date the computation was completed.

**SUPPLEMENTAL CHILD CARE (SCC)  
REPAYMENT AGREEMENT**

ADDRESSEE

CASE NUMBER
CASE NAME
WORKER
DATE

**I. REPAYMENT TERMS AND CONDITIONS**

You must repay what you owe by using one or more of the methods listed in Section III. Your total SCC overpayment is \$ \_\_\_\_\_.

If you have any questions, please call us at \_\_\_\_\_.

If this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy. Return all other copies to the County. Do not send cash with this agreement. If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County name on it.

When approved by the County, a signed copy of this agreement will be sent to you.

If you do not return this form within ten days of the date this notice was mailed to you, the County will demand payment and take other action to collect the overpayment.

**II. I understand that:**

- Any changes in my ability to pay can change my monthly payments.
- If anything changes, I can ask the County to enter into a new repayment agreement with me.
- If I do not pay as agreed; no longer get AFDC; or for any reason this agreement no longer works, the County will require a new repayment agreement.
- If I do not pay back the County as I have agreed, they can sue me to get back the amount owed even if it is beyond three years. I may have to pay collection costs, attorney fees, court costs, and interest.
- If I do not pay, the County may take my state income tax refund and/or ask for the court to attach my wages or any property I own.
- The County may ask other family members to repay if I do not repay the overpayments.

Put your initials here \_\_\_\_\_ to show that you have read and understand items 1 through 6 in Section II above.

**III. Check below the ways you want to repay. Fill in the amount(s) you will repay.****1. Cash Payment**

You may repay all or part of what you owe with cash.

- ☐ I will repay by lump sum cash payment of \$ \_\_\_\_\_ by \_\_\_\_\_.
- ☐ I will repay by monthly cash payment of \$ \_\_\_\_\_ by the first day of each month beginning \_\_\_\_\_.

**2. Grant Reduction**

You may repay by having your AFDC payment reduced.

- ☐ I will repay by having my AFDC grant reduced by \$ \_\_\_\_\_ each month.

**IV. CHECK THE BOX BELOW THAT APPLIES TO YOU**

- ☐ I can begin repayment within 30 days from the date this notice was mailed to me.
- ☐ I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by \_\_\_\_\_.

Mail this form and payments to:

Bring this form and payments "in person" to:

Sign your name below and enter the date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**V. To be completed by the County**

The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_

for \_\_\_\_\_ County.

Signature \_\_\_\_\_

SUPPLEMENTAL CHILD CARE (SCC)  
REPAYMENT AGREEMENT - TEMP SCC 10

INSTRUCTIONS:

The SCC Repayment Agreement, TEMP SCC 10, is used to secure a written repayment agreement with a participant who has a SCC overpayment and is no longer receiving SCC payments. It may be sent with the SCC Demand Notice of Action, M44-508A, then completed and returned by the participant, or the County may use it in a meeting with the individual to document the terms of repayment.

Section I

- The County fills in the total amount of the overpayment.
- In the space provided, enter the telephone number that can be called by the participant to get answers to any questions he/she may have regarding the agreement.

Section II

- The participant reads and initials in the box at the end of Section II.

Section III

- The participant checks the box which represents the payment method chosen and, as appropriate, fills in the payment amount and the date repayment will begin.

Section IV

- The participant checks the box to indicate the timeframe for beginning the repayment, and then signs and dates the form.

Section V

- The appropriate County employee completes and signs.

**SUPPLEMENTAL CHILD CARE (SCC)  
HEARING RIGHTS**

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in the SCC program.
- Asking for a hearing will not affect your AFDC cash aid.

## To Ask For a State Hearing

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you this notice.

## While You Wait For A Hearing Decision.

If you disagree with the County's decision about your SCC payments, the County will pay child care services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will stop; you will not get any more payments, even if you are still working.
- If we have denied payments before the hearing, you will not get the requested payments.

## To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253  
If you are deaf and use TDD, call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

## HOW TO ASK FOR A STATE HEARING

**The best way to ask for a hearing is to fill out this page and send or take it to:**

You may also call 1-800-952-5253.

## HEARING REQUEST

I want a hearing because of an action by the Welfare Department  
of \_\_\_\_\_ County about my \_\_\_\_\_

- ☐ Supplemental Child Care (SCC)
- ☐ Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

I will bring this person to the hearing to help me  
(name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_  
(PRINT)

Address: \_\_\_\_\_

My signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

SUPPLEMENTAL CHILD CARE (SCC)  
NOTICE OF ACTION FORMS AND MESSAGES

The Notice of Action Forms and Messages are attached and discussed in the following order:

SCC NOAS

NA 100	Blank SCC Notice of Action
M44-504	Approval of SCC Payment
M44-503	Denial of SCC Payment
M44-508	SCC Overpayment Adjustment
M44-506	Incomplete SCC 6
M44-508A	SCC Overpayment Demand Notice

AFDC NOAS

NA 960 X	CA-7 Not Received
NA 960 Y	CA-7 Incomplete - Discontinuance Reminder
M40-125A	Restoration After a Break in Aid
M44-113A	Disallowance of Deductions(s)/Disregard(s)

General NOA Message Information

The SCC NOA messages were developed to cover the most common situations which would require client notification. Should a complex message or situation arise that is not covered by an existing NOA message, counties may modify or create new NOA messages using the AFDC language standards as a guideline. Counties shall use AFDC rules for adequate and timely notice. Counties are required to issue a NOA whenever the SCC payment is different from the previous month.

SCC NOAS

- Blank SCC Notice of Action, NA 100

Counties may print the SCC NOA messages on this blank form. The NA SCC BACK must be printed on the back of all SCC NOAs.

- Approval of SCC Payment, M44-504

The M44-504 is used to approve a SCC payment when the recipient completed and submitted a Monthly Child Care Eligibility Report (TEMP SCC 6) and met all the SCC eligibility criteria. This NOA is also used for a change in the SCC payment limit due to a change in the child care provider, hours of care, age of the child, and annual update of rate ceilings. This NOA shows how the SCC payment amount was computed.

- Denial of SCC Payment, M44-503

The M44-503 is used to deny a SCC payment.

- SCC Overpayment Adjustment, M44-508

The M44-508 is used to notify a recipient of an overpayment and the subsequent adjustment in future SCC payments.

- Incomplete SCC 6, M44-506

The M44-506 is used to notify a recipient of an incomplete SCC 6 and to return the TEMP SCC 6 for completion.

- SCC Overpayment Demand Notice, M44-508A

The M44-508A is used to notify a recipient of an overpayment when they no longer receive SSC payments and/or cash aid.

REVISED AFDC NOAS:

- CA-7 Not Received, NA 960 Y

- CA-7 Incomplete - Discontinuance Reminder, NA 960 X

The above AFDC NOAs are being revised and will be issued to counties at a later date. Revisions to these forms will inform recipients about their loss of SCC eligibility when they lose eligibility for the income disregards. Counties should continue using their old supplies until further notice.

- Restoration After a Break in Aid, M40-125A

- Disallowance of Deduction(s)/Disregard(s), M44-113A

These two AFDC NOAs have been revised and are attached. Counties shall immediately begin to use these revised NOAs as instructed in current AFDC policy. These replace current pages in Section 6 of the AFDC NOA Handbook.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-500.



State of California  
Department of Social Services

Manual Msg. No: M44-504  
Action: Approve  
Reason: Child Care  
Title: Approval of SCC  
Payment

Auto ID No. :  
Source : SCC  
Regulation Cite: MPP 44-504,  
44-505

Form No.: NA 100  
Effective Date: 11/1/93  
Revision Date:

MESSAGE:

Your Supplemental Child Care (SCC) payment has been approved for the amount of \_\_\_\_\_.

The County will only pay child care for days you were working and only up to a payment limit set by the State of California.

The SCC payment is what you paid for your child care or the payment limit, whichever is less, minus the child care disregard allowed when we figured your cash aid amount.

Both your SCC payment amount and your SCC payment limit for each of your children are figured on this notice.

You must give us a completed Monthly Child Care Eligibility Report (SCC 6) each month with your monthly report (CA 7/SAWS 7) when you want a SCC payment.

SCC payments will be paid to you by the first day of the month after you give us a completed SCC 6 with your monthly report (CA 7/SAWS 7). However, if you send in your report late or incomplete, your SCC payment may be late or denied.

You can call your worker if you think this notice is wrong.

Your SCC payment limit and payment amount are figured below:

Child's name: \_\_\_\_\_

Section A.

Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_

Section B.

1. Lesser amount of two above	\$ _____
2. Amount allowed in the disregard	- _____
3. Subtotal	= _____
4. Adjustment to collect overpayment	- _____
5. Monthly SCC payment amount	= _____

INSTRUCTIONS for Approval of SCC Payment - M44-504

Use to approve a SCC payment and for a change in the SCC payment limit due to a change in provider, hours of care, age of the child, and the annual update of the rate ceilings.

Enter the amount of the SCC payment.

Complete the applicable computation(s) for the payment limit and payment amount for each child.

Complete all other applicable information.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your Supplemental Child Care (SCC) Payment has been approved for the amount of \_\_\_\_\_.

The County will only pay child care for days you were working and only up to a payment limit set by the State of California.

The SCC payment is what you paid for your child care or the payment limit, whichever is less, minus the child care disregard allowed when we figured your cash aid amount.

Both your SCC payment amount and your SCC payment limit for each of your children are figured on this notice.

You must give us a completed Monthly Child Care Eligibility Report (SCC 6) each month with your monthly report (CA-7) when you want a SCC payment.

SCC payments will be paid to you by the first day of the month after you give us a completed SCC 6 with your monthly report (CA-7). However, if you send in your report late or incomplete, your SCC payment may be late or denied.

You can call your worker if you think this notice is wrong.

Your SCC payment limit and payment amount are figured below:

Child's name: \_\_\_\_\_

## Section A

Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_

## Section B.

1. Lesser amount of two above \$ \_\_\_\_\_
2. Amount allowed in the disregard - \_\_\_\_\_
3. Subtotal = \_\_\_\_\_
4. Adjustment to collect overpayment - \_\_\_\_\_
5. Monthly SCC payment = \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-504, 44-505.

State of California  
Department of Social Services

Manual Msg. No: M44-503  
Action: Denial  
Reason: Child Care  
Title: Denial of SCC  
Payment

Auto ID No. :  
Source : SCC  
Regulation Cite: MPP 44-503.1,  
44-504.1, 44-506.2

Form No.: NA 100  
Effective Date: 11/1/93  
Revision Date:

MESSAGE:

The County has denied your Supplemental Child Care (SCC) payment for the month(s) of \_\_\_\_\_.

HERE'S WHY:

- [ ] You did not meet the deadline for your monthly report (CA 7/SAWS 7) and were not allowed a dependent care disregard for your child care costs.
- [ ] You were not working.
- [ ] Your child \_\_\_\_\_ is 13 or more years old (which is over the age we can pay for) and is not disabled or under court supervision.
- [ ] You did not complete and return your Monthly Child Care Eligibility Report (SCC 6) by the deadline.
- [ ] You went off cash aid.
- [ ] You moved out of this county.
- [ ] Your child \_\_\_\_\_ is not in your AFDC assistance unit.
- [ ] Your child care provider does not have a day care license and must have one.
- [ ] The child care provider is not 18 years of age or older.
- [ ] The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- [ ] You have not provided us records that show your aided child \_\_\_\_\_ has a physical or mental condition that requires special care.
- [ ] Your aided child, \_\_\_\_\_, is not under court supervision for a behavior or legal problem.

☐ Other:

You can call your worker if you think this notice is wrong.

INSTRUCTIONS for SCC Payment Denial - M44-503

Use to deny SCC payment(s).

Enter the month(s) that the child care costs were incurred and which is now being denied for payment.

Check all appropriate boxes and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

The County has denied your Supplemental Child Care (SCC) payment for the month(s) of \_\_\_\_\_.

## HERE'S WHY:

- ☐ You did not meet the deadline for your monthly report (CA-7) and were not allowed a dependent care disregard for your child care costs.
- ☐ You were not working.
- ☐ Your child \_\_\_\_\_ is 13 or more years old (which is over the age we can pay for) and is not disabled or under court supervision.
- ☐ You did not complete and return your Monthly Child Care Eligibility Report (SCC 6) by the deadline.
- ☐ You went off cash aid.
- ☐ You moved out of this county.
- ☐ Your child \_\_\_\_\_ is not in your AFDC assistance unit.
- ☐ Your child care provider does not have a day care license and must have one.
- ☐ The child care provider is not 18 years of age or older.
- ☐ The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ You have not provided us records that show your aided child \_\_\_\_\_ has a physical or mental condition that requires special care.
- ☐ Your aided child, \_\_\_\_\_, is not under court supervision for a behavior or legal problem.
- ☐ Other:

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-503.1, 44-504.1, 44-506.2.

State of California  
Department of Social Services

Manual Msg. No: M44-508  
Action: Change  
Reason: SCC Payment Change  
Title: SCC Overpayment  
Adjustment

Auto ID No. :  
Source : SCC  
Regulation Cite: MPP 44-508

Form No.: NA 100  
Effective Date: 11/1/93  
Revision Date:

MESSAGE:

As of \_\_\_\_\_, the County will lower your Supplemental Child Care (SCC) payment(s) by \$\_\_\_\_\_.

HERE'S WHY:

You were overpaid.

The following shows how much you were paid and what you should have been paid for each month of overpayment.

Month and Year \_\_\_\_\_

SCC Amount Paid	\$_____
Less SCC Amount You	
Should Have Been Paid	-_____

Overpayment Amount =\_\_\_\_\_

Total Overpayment (you Owe) From This Notice: \$\_\_\_\_\_

Your monthly SCC payment(s) will be cut each month until the amount you owe is paid back. The most we can take is 5% of your SCC payment if the overpayment was caused by the County or 10% of your SCC payment if the overpayment was caused by you but we must take at least \$21 every month.

If you stop getting SCC payments before your overpayment is paid back, the County will take action to collect. If you go off aid before your overpayment is paid back, the County may take what you owe out of your state income tax refund.

You may ask to have your AFDC grant lowered to pay what you owe.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you have any questions, call \_\_\_\_\_.

You can call your worker if you think this notice is wrong.

#### INSTRUCTIONS for SCC Overpayment Adjustment - M44-508

Use to notify recipient of overpayment and subsequent SCC payment adjustment.

Fill in the effective date of SCC payment adjustment and amount of average payment and adjustment amount (5 or 10% of payment or at least \$21).

Complete an overpayment computation for each month. Fill in the amount of the original SCC payment and the amount it should have been. The difference is the overpayment amount. If there is more than one month, add each month's overpayment together to determine the total amount of overpayment.

Fill in address of the county office that could process a cash repayment and a phone number to call.



# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of \_\_\_\_\_, the County will lower your Supplemental Child Care (SCC) payment(s) by \$ \_\_\_\_\_.

## HERE'S WHY:

You were overpaid.

The following shows how much you were paid and what you should have been paid for each month of overpayment.

Month and Year \_\_\_\_\_

SCC Amount Paid \$ \_\_\_\_\_

Less SCC Amount You  
Should Have Been Paid - \_\_\_\_\_

Overpayment Amount = \_\_\_\_\_

Total Overpayment (you owe) From This Notice: \$ \_\_\_\_\_

Your monthly SCC payment(s) will be cut each month until the amount you owe is paid back. The most we can take is 5% of your SCC payment if the overpayment was caused by the County or 10% of your SCC payment if the overpayment was caused by you but we must take at least \$21 every month.

If you stop getting SCC payments before your overpayment is paid back, the County will take action to collect. If you go off aid before your overpayment is paid back, the County may take what you owe out of your state income tax refund.

You may ask to have your AFDC grant lowered to pay what you owe.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you have any questions, call \_\_\_\_\_.

You can call your worker if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-508.

State of California  
Department of Social Services

Manual Msg. No: M44-506  
Action: Change  
Reason: Child Care  
Title: Incomplete SCC 6  
Form No.: NA 100  
Effective Date: 11/1/93  
Revision Date:

Auto ID No. :  
Source : SCC  
Regulation Cite: M44-507.2

MESSAGE:

The Monthly Child Care Eligibility Report (SCC 6) you sent in this month is not complete.

You will not get a Supplemental Child Care (SCC) payment unless you send or bring in a complete SCC 6. The county must receive it no later than the first working day of next month.

You must complete the circled items on the enclosed SCC 6, and send or bring it to your worker.

If you have any questions, call \_\_\_\_\_.

INSTRUCTIONS for Incomplete SCC 6 - M44-506

Use to notify recipient of an incomplete monthly child care report. Circle any incomplete items and return the SCC 6 with this NOA.

This NOA must be sent timely.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

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**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

The Monthly Child Care Eligibility Report (SCC 6) you sent in this month is not complete.

You will not get a Supplemental Child Care (SCC) payment unless you send or bring in a complete SCC 6. The county must receive it no later than the first working day of the next month.

You must complete the circled items on the enclosed SCC 6, and send or bring it to your worker.

If you have any questions, call \_\_\_\_\_.

SAMPLE

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-507.2.

State of California  
Department of Social Services

Manual Msg. No: M44-508A  
Action: Demand  
Reason: SCC Overpayment  
Title: SCC Demand Notice  
Form No.: NA 100  
Effective Date: 11/1/93  
Revision Date:

Auto ID No. :  
Source : SCC  
Regulation Cite: MPP 44-508

MESSAGE:

While you were getting Supplemental Child Care (SCC) payments, you were overpaid. Though you no longer get SCC payments, you still owe us for your overpayment. The amount of your overpayment is \$ \_\_\_\_\_ and is due now.

HERE'S WHY:

Since you no longer get SCC payments, you must pay back the overpayment or show the County your plan for paying it back before \_\_\_\_\_. If you do not, the County will take action to collect.

The following shows how much you were paid and what you should have been paid for each month of overpayment.

Month and Year \_\_\_\_\_

SCC Amount Paid	\$ _____
Less SCC Amount You	
Should Have Been Paid	- _____

Overpayment Amount = \_\_\_\_\_

Total Overpayment (you Owe) From This Notice: \$ \_\_\_\_\_

If you get AFDC, you may ask to have your AFDC grant lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you have any questions, call \_\_\_\_\_.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you have gone off aid before your overpayment was paid back, the County may take what you owe out of your state income tax refund.

#### INSTRUCTIONS for SCC Demand Notice - M44-508A

Use to notify recipient of overpayment and subsequent demand for repayment.

Fill in the amount of the overpayment and the pay back date.

Complete an overpayment computation for each month. Fill in the amount of the original SCC payment and the amount it should have been. The difference is the overpayment amount. If there is more than one month, add each month's overpayment together to determine the total amount of overpayment.

Fill in address of the county office that could process a cash repayment and a phone number to call.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

While you were getting Supplemental Child Care (SCC) payments, you were overpaid. Though you no longer get SCC payments, you still owe us for your overpayment. The amount of your overpayment is \$ \_\_\_\_\_ and is due now.

## HERE'S WHY:

Since you no longer get SCC payments, you must pay back the overpayment or show the County your plan for paying it back before \_\_\_\_\_. If you do not, the County will take action to collect.

Month and Year \_\_\_\_\_

SCC Amount Paid \$ \_\_\_\_\_

Less SCC Amount You  
Should Have Been Paid - \_\_\_\_\_

Overpayment Amount = \_\_\_\_\_

Total Overpayment (you owe) From This Notice: \$ \_\_\_\_\_

If you get AFDC, you may ask to have your AFDC grant lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you have any questions, call \_\_\_\_\_.

**WARNING:** If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you have gone off aid before your overpayment was paid back, the County may take what you owe out of your State income tax refund.

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-508.

State of California  
Department of Social Services

Manual Msg. No.: M40-125A  
Action : Approve  
Issue: Restore  
Title: Restore After a  
CA7 Discontinuance

Auto ID No. :

Form No. : NA200

Flow Chart No. :

Effective Date : 05/01/87

Source : 8702

Revision Date : 10/01/93

Regulation Cite: 40-125.9, 44-113, 44-313, 44-503.2

MESSAGE:

The county has approved your cash aid. Your first day of cash aid is \_\_\_\_\_.

Section B, Line 11, at the right shows that cash aid for your first month is \$ \_\_\_\_\_. This amount is figured from your Full Month Aid Subtotal shown on Line 8.

You will not get any earned income disregards nor a Supplemental Child Care payment this month because your cash aid was stopped for not completing your monthly report (CA 7 or SAWS 7).

INSTRUCTIONS: Use to approve cash aid that has been restored after discontinuance for failure to provide a CA 7 or SAWS 7 monthly report for the report month.

Use only when the action being taken is for a break in aid of less than one calendar month and it is due to the failure of the recipient to provide the monthly report in the month prior to the break in aid.

Fill in the first day of cash aid in the first blank.

Fill in the first month's prorated aid amount.

This message replaces M40-125A (07/01/87)

State of California  
Department of Social Services

Manual Msg. No.: M44-113A  
Action : Change  
Issue: Disallowance  
Title: Disallowance of  
Deductions/Disregards  
Form No. : NA200  
Effective Date : 05/01/87  
Revision Date : 10/01/93  
Regulation Cite: 44-113.212b, 40-181.244 44-503.2

MESSAGE:

As of \_\_\_\_\_, the County is changing  
your monthly cash aid from \$\_\_\_\_\_ to  
\$\_\_\_\_\_.

Here's why:

We didn't allow the disregard or deduction  
you usually get because you didn't get us  
required information or written proof about:

- ☐ Days and hours worked.
- ☐ Child or Adult Care Expenses. Also, you  
won't get a Supplemental Child Care  
payment for months we don't allow your  
disregard for child care expenses.
- ☐ Child or Spousal Support you paid.
- ☐ Self-Employment Expenses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your cash aid amount goes down when we don't  
allow all your disregards or deductions.

Send or bring us the proof or information so  
that we can refigure your cash aid amount.

Your new cash aid amount is figured on this  
notice.

INSTRUCTIONS: Use to change the monthly grant when certain  
deductions or disregards are disallowed because required information  
or written proof was not received by the County. Use only for  
situations where the lack of information does NOT result in a  
determination that the CA 7 or SAWS 7 monthly report is incomplete.

- o Fill in the blanks. Check the appropriate box(es).
- o If you check the Self-Employment box, show the specific  
expense(s) being disallowed.

This message replaces M44-113A dated 7/01/87.



# TITLE IV-A CHILD CARE MONTHLY STATISTICAL REPORT

COUNTY		COUNTY CODE	MONTH ENDING
Comments:			
TOTAL (a)			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

## PART A. FAMILIES RECEIVING TITLE IV-A CHILD CARE

1. Total number of families receiving services during month (sum of 1a. through 1h.)
  - a. On AFDC-FG with disregard.....
  1. with Supplemental Child Care .....
  - b. AFDC-FG California Alternative Assistance (CAAP).....
  - c. AFDC-FG NET families.....
  - d. AFDC-FG TRIBAL JOBS families.....
  - e. On AFDC-U with disregard.....
  1. with Supplemental Child Care (SCC) .....
  - f. AFDC-U California Alternative Assistance (CAAP).....
  - g. AFDC-U NET families.....
  - h. AFDC-U TRIBAL JOBS families.....

## PART B. TITLE IV-A CHILD CARE - BY TYPE AND EXPENDITURES

TOTAL (a)	LICENSE-EXEMPT PROVIDER CARE					LICENSED PROVIDER CARE		
	RELATIVE		NON-RELATIVE			FAMILY DAY CARE		CENTERCARE
	IN CHILD'S HOME (b)	OUTSIDE CHILD'S HOME (c)	IN CHILD'S HOME (d)	OUTSIDE CHILD'S HOME (e)	HOME (f)	(g)	(h)	(i)
12	13	14	15	16	17	18		
19	20	21	22	23	24	25		
26	27	28	29	30	31	32		
33	34	35	36	37	38	39		
40	41	42	43	44	45	46		
47	48	49	50	51	52	53		
54	55	56	57	58	59	60		
61	62	63	64	65	66	67		
68	69	70	71	72	73	74		
75	76	77	78	79	80	81		
82	83	84	85	86	87	88		
89	90	91	92	93	94	95		
96	97	98	99	100	101	102		
103	104	105	106	107	108	109		
110	111	112	113	114	115	116		
117	118	119	120	121	122	123		
124	125	126	127	128	129	130		
131	132	133	134	135	136	137		
138	139	140	141	142	143	144		
145	146	147	148	149	150	151		
152	153	154	155	156	157	158		
159	160	161	162	163	164	165		

TITLE	TELEPHONE NUMBER
( )	

CONTACT PERSON

TITLE IV-A CHILD CARE  
MONTHLY STATISTICAL REPORT INSTRUCTIONS  
FORM ACF 115 (STATE) (Rev. 10-93)

**CONTENT**

This monthly report form is designed to collect child care data for children receiving Title IV-A child care services while their parents/caretakers work or participate in non-GAIN education or training or Tribal Job Opportunities and Basic Skills Training (JOBS) programs. This includes Non-GAIN Education or Training (NET) and Tribal JOBS participants as well as those Aid to Families with Dependent Children (AFDC) recipients claiming the income disregard for child care, receiving Supplemental Child Care (SCC) payments, and participants in the California Alternative Assistance Program (CAAP).

**PURPOSE**

The purpose of this report is to collect child care information to meet the Federal uniform Title IV-A reporting requirements mandated by the Department of Health and Human Services.

**DISTRIBUTION**

Data from the Transitional Child Care (CA 237 TCC) report and the At Risk Child Care Program will be compiled with data from this report and transmitted as California's quarterly report to the Social Security Administration, U.S. Department of Health and Human Services. It also will be compiled into summaries for use by departmental managers and other interested agencies and individuals.

**DUE DATE**

Reports are to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

State Department of Social Services  
Statistical Services Section  
744 P Street, Mail Station 12-81  
Sacramento, CA 95814

When data is unavailable, transmit a report by the due date containing all available information. In a footnote, indicate when the Department can expect to receive the missing data. Please forward missing figures as soon as possible.

**DEFINITIONS**

**Tribal JOBS** - In California, children reported as receiving Tribal JOBS child care are children of American Indian recipients receiving JOBS services from the California Indian Manpower Consortium (CIMC). Currently, councils of tribes in 22 counties have provided CIMC authority to serve their members. Counties involved with CIMC's Indian Tribal JOBS Program (ITJP) are Butte, Colusa, Del Norte, El Dorado, Fresno, Glenn, Inyo, Humboldt, Kings, Lake, Lassen, Madera, Mendocino, Modoc, Mono, Plumas, Riverside, San Bernardino, Shasta, San Diego, Siskiyou, and Tuolumne.

**Supplemental Child Care (SCC)** - Recipients of AFDC, who are working and have child care costs in excess of the dependent care income disregard, shall be eligible for child care assistance from the SCC Program. The SCC Program shall be implemented statewide on November 1, 1993.

**California Alternative Assistance Program (CAAP)** - Recipients of, and applicants eligible for AFDC, who have earned income shall be eligible for CAAP if they decline or refuse a cash grant. CAAP participants are eligible to receive child care assistance and Medi-Cal benefits. The CAAP Program shall be implemented statewide on January 1, 1994.

## **INSTRUCTIONS**

Fill in the information requested on the report form and show the figures required for each item. If for any item there is nothing to report, enter "0". Do not leave any items blank. If needed, when completing this form, please use the following abbreviation: NA - Not Available. (When NA is used, please provide a footnote indicating when the missing data will be available.)

**Important Note:** Information on Title IV-A Child Care cases reported on the ACF-115 (State) must be retrievable for future use (i.e. surveys).

## **PART A. FAMILIES RECEIVING CHILD CARE**

Part A summarizes the number of families receiving Title IV-A child care services. (Report the actual number of families receiving services in a given report period, regardless of when actual payments are made.)

1. **Total number of families receiving services during month** - Enter the total number of families receiving Title IV-A child care services for this reporting month. This section includes families who receive a child care income disregard, SCC, CAAP, NET or Tribal JOBS participants. (Item 1 column (a) equals the sum of cells 2,4,5,6,7,9, 10 & 11.) Do not include SCC numbers in item 1. This would result in a duplicate count of families receiving services.

## **AFDC FAMILY GROUP (FG) PROGRAM SEGMENT**

- a. **On AFDC-FG with Disregard** - Enter the total number of AFDC-FG families which claim and receive a child care income disregard.
  1. **Supplemental Child Care** - Enter the total number of AFDC-FG families receiving Title IV-A SCC payments.
- b. **AFDC-FG CAAP Families** - Enter the total number of eligible AFDC-FG families participating in CAAP whose children receive Title IV-A child care services.
- c. **NET Families** - Enter the number of AFDC-FG families participating in the NET program whose children receive Title IV-A child care services.
- d. **Tribal JOBS Families** - Enter the number of AFDC-FG families participating in Tribal JOBS whose children receive Title IV-A child care services.

## **AFDC UNEMPLOYED PARENT (U) PROGRAM SEGMENT**

- e. **On AFDC-U** - Enter the number of AFDC-U families which claim and receive a child care income disregard.

1. **Supplemental Child Care** - Enter the total number of AFDC-U families receiving Title IV-A SCC payments.
- f. **AFDC-U CAAP Families** - Enter the total number of eligible AFDC-U families participating in CAAP whose children receive Title IV-A child care services.
- g. **NET Families** - Enter the number of AFDC-U families participating in the NET program whose children receive Title IV-A child care services.
- h. **Tribal JOBS Families** - Enter the number of AFDC-U families participating in Tribal JOBS whose children receive Title IV-A child care services.

**Note:** Under the AFDC program segment, a family should be counted only in the segment for its latest program status for the report month.

## **PART B. CHILD CARE - BY TYPE OF CARE AND EXPENDITURES**

Part B summarizes the number of children receiving care and the expenditures by the type of child care.

### **INFORMATION FOR COLUMNS (b) THROUGH (g)**

**License-Exempt Provider Care** is divided into two categories; Relative and Non-Relative Provider Care. This care is exempt from licensure if the caregiver cares for the children of only one family in addition to his/her own children, cares for the child in the caregiver's home, the child's own home, or in a facility exempt from licensure.

**Relative** - Relative care is provided during a portion of the 24 hour day by a relative other than the child's own parents or a person(s) who normally takes care of the child, i.e., the guardian.

Column b. **In Child's Home** - Enter the number of children who were provided child care by an exempt relative/caregiver in the child's own home.

Column c. **Outside Child's Home** - Enter the number of children who were provided child care by an exempt relative/caregiver in the caregiver's own home.

**Non-Relative** - Non-relative care is provided by a person not related to the child.

Column d. **In Child's Home** - Enter the number of children who were provided child care by an exempt non-relative/caregiver in the child's own home.

Column e. **Outside Child's Home** - Enter the number of children who were provided child care by an exempt non-relative caregiver in the caregiver's home.

**Licensed Provider Care** - This care is provided by providers licensed by the California Department of Social Services or in a facility exempt from licensure.

Column f. **Family Day Care** - Enter the number of children who were provided child care in a licensed Family Day Care setting. Small family day care homes care for up to six children in a private residence other than the child's own home. Large family day care homes care for twelve or fewer children in a private residence other than the child's own home, have a fire clearance, and an assistant who is at least 18 years of age.

Column g. **Center Care** - Enter the number of children who were provided child care in a licensed child day care center. A licensed child day care center is licensed to care for groups of more than twelve children in non-residential facilities. Staff must meet educational requirements and maintain specified adult/child ratios. The facility must meet building, fire and zoning codes. Child care provided by a facility exempt from licensure that is operated on school grounds and operated by public employees, such as a before and after school program, should also be included in this section.

2. **Total Number of Children Receiving Services** - Enter the total number of children receiving Title IV-A child care services. This section includes children of those families who receive a child care income disregard, SCC payments, CAAP, NET, or Tribal JOBS participants. (Item 2, column (a) equals the sum of cells 19, 33, 40, 47, 54, 68, 75 and 82.) Do **not** include SCC numbers in item 2. This would result in a duplicate count of children receiving services.

**Note:** Children who have multiple providers should be reported under all appropriate columns. For example, if a child spends 30 hours a month in Family Day Care and 20 hours a month in the child's home, by a non-relative, the count would be reported in **both** the Family Day Care (column f.) and in the Child's Home (column d.). The sum of column (b) through (g) should be equal to or **greater** than column (a).

#### **AFDC FAMILY GROUP (FG) PROGRAM SEGMENT**

- a. **On AFDC-FG with Disregard** - Enter the total number of children of AFDC-FG families which claim and receive a child care income disregard.
  - 1. **Supplemental Child Care Children** - Enter the total number of children of AFDC-FG families receiving SCC payments. (This number should **not** be included in item 2a.)
- b. **CAAP Children** - Enter the total number of children of eligible AFDC-FG families participating in CAAP and receive Title IV-A child care services.
- c. **NET Children** - Enter the total number of children of AFDC-FG families participating in the NET program and receiving Title IV-A child care services.
- d. **Tribal JOBS Children** - Enter the total number of children of AFDC-FG families participating in Tribal JOBS and receiving Title IV-A child care services.

#### **AFDC UNEMPLOYED PARENT (U) PROGRAM SEGMENT**

- e. **On AFDC-U with Disregard** - Enter the total number of children of AFDC-U families which claim and receive a child care income disregard.
  - 1. **Supplemental Child Care Children** - Enter the total number of children of AFDC-U families receiving SCC payments. (This number should **not** be included in 2e.)
- f. **CAAP Children** - Enter the total number of children of eligible AFDC-U families participating in CAAP and receiving Title IV-A child care services.

- g. **NET Children** - Enter the total number of children of AFDC-U families participating in the NET program and receiving Title IV-A child care services.
  - h. **Tribal JOBS Children** - Enter the total number of children of AFDC-U families participating in Tribal JOBS and receiving Title IV-A child care services.
3. **Total Expenditures for Children Receiving Services** - Enter the total expenditures, excluding administrative costs, for children receiving Title IV-A child care services. This includes all Title IV-A child care expenditures for children of those families which are eligible for and receive child care income disregard, SCC payments, or CAAP, NET or Tribal JOBS participants. (Item 3 column (a) equals the sum of cells 96, 103, 110, 117, 124, 131, 138, 145, 152, 159.) Unlike Item 1 and 2, include SCC expenditures in Item 3. This will not result in a duplicate count because the SCC expenditures are separate from disregard expenditures.
- a. **On AFDC-FG with Disregard** - Enter the total child care expenditures for children of AFDC-FG families which are eligible for Title IV-A child care income disregard. Enter the actual amount disregarded from the AFDC-FG grant. (Item 3a. column (a) equals the sum of cells 97 through 102.)
    - 1. **Supplemental Child Care** - Enter the total expenditures for AFDC-FG children receiving SCC payments. (Item 3a.1. column (a) equals the sum of cells 104 through 109.)
  - b. **CAAP Children** - Enter the total expenditures for children of eligible AFDC-FG families participating in CAAP. (Item 3b. column (a) equals the sum of cells 111 through 116.)
  - c. **NET Children** - Enter the total child care expenditures for children of AFDC-FG families participating in the NET program receiving Title IV-A child care services. (Item 3c. column (a) equals the sum of cells 118 through 123.)
  - d. **Tribal JOBS Children** - Enter the total expenditures for children of AFDC-FG families participating in Tribal JOBS and receiving Title IV-A child care services. (Item 3d. column (a) equals the sum of cells 125 through 130.)
  - e. **On AFDC (U) with Disregard** - Enter the total expenditures for children of AFDC-U families which are eligible for Title IV-A child care income disregard. (Item 3e. column (a) equals the sum of cells 132 through 137.)
    - 1. **Supplemental Child Care** - Enter the total expenditures for AFDC-U children receiving SCC payments. (Item 3e.1. column (a) equals the sum of cells 139 through 144)
  - f. **CAAP Children** - Enter the total expenditures for children of the eligible AFDC-U families participating in CAAP. (Item 3f. column (a) equals the sum of cells 146 through 151.)

- g. **NET Children** - Enter the total expenditures for children of AFDC-U families participating in the NET program and receiving Title IV-A child care services (Item 3g. column (a) equals the sum of cells 153 through 158.)
- h. **Tribal JOBS Children** - Enter the total expenditures for children of AFDC-U families participating in Tribal JOBS and receiving Title IV-A child care services. (Item 3h. column (a) equals the sum of cells 160 through 165.)

**Note:** Round expenditures to the nearest dollar. All expenditures reported should reflect the actual payments made during the report period, regardless of when the child care services were rendered.

10/05/93  
sccallocFY 93/94 Supplemental Child Care Program Allocation

	Total Funds	Federal	State	County
ALAMEDA	10,215	5,107	3,592	1,515
ALPINE	569	284	200	84
AMADOR	569	284	200	84
BUTTE	1,619	809	569	240
CALAVERAS	569	284	200	84
COLUSA	569	284	200	84
CONTRA COSTA	4,515	2,258	1,588	670
DEL NORTE	569	284	200	84
EL DORADO	569	284	200	84
FRESNO	8,676	4,338	3,051	1,287
GLENN	569	284	200	84
HUMBOLDT	1,094	547	385	162
IMPERIAL	1,393	697	490	207
INYO	569	284	200	84
KERN	5,524	2,762	1,943	819
KINGS	970	485	341	144
LAKE	596	298	210	88
LASSEN	569	284	200	84
LOS ANGELES	80,551	40,275	28,329	11,946
MADERA	852	426	300	126
MARIN	569	284	200	84
MARIPOSA	569	284	200	84
MENDOCINO	742	371	261	110
MERCED	2,201	1,101	774	326
MODOC	569	284	200	84
MONO	569	284	200	84
MONTEREY	1,992	996	701	295
NAPA	569	284	200	84
NEVADA	569	284	200	84
ORANGE	8,797	4,398	3,094	1,305
PLACER	794	397	279	118
PLUMAS	569	284	200	84
RIVERSIDE	8,772	4,386	3,085	1,301
SACRAMENTO	11,287	5,643	3,969	1,674
SAN BENITO	569	284	200	84
SAN BERNARDINO	15,818	7,909	5,563	2,346
SAN DIEGO	17,489	8,745	6,151	2,594
SAN FRANCISCO	3,358	1,679	1,181	498
SAN JOAQUIN	5,469	2,734	1,923	811
SAN LUIS OBISPO	791	396	278	117
SAN MATEO	1,674	837	589	248
SANTA BARBARA	1,525	763	536	226
SANTA CLARA	8,030	4,015	2,824	1,191
SANTA CRUZ	973	486	342	144
SHASTA	1,391	695	489	206
SIERRA	569	284	200	84
SISKIYOU	569	284	200	84
SOLANO	2,303	1,151	810	342
SONOMA	1,657	829	583	246
STANISLAUS	3,581	1,790	1,259	531
SUTTER	569	284	200	84
TEHAMA	569	284	200	84
TRINITY	569	284	200	84
TULARE	3,979	1,990	1,399	590
TUOLUMNE	569	284	200	84
VENTURA	2,542	1,271	894	377
YOLO	1,033	517	363	153
YUBA	717	359	252	106
TOTAL	236,000	118,000	83,000	35,000



SUPPLEMENTAL CHILD CARE (SCC)  
TRAINING SCHEDULE

Redding

Monday, November 1, 1993

10:00 a.m. - 12:00 noon (Lunch) 1:00 p.m. - 3:00 p.m.

Bridge Bay Resort  
10300 Bridge Bay Road  
Redding, CA 96003  
(916) 275-3021

Directions:  
Bridge Bay Exit  
North of Redding

Free parking available

Sacramento

Tuesday, November 2, 1993

9:30 a.m. - 1:30 p.m.

California Department of Social Services  
744 P Street, Auditorium, First Floor  
Sacramento, CA 95814  
(916) 654-1768

Directions:  
Q Street Exit  
off I-5, to  
corner of 8th  
and Q

Parking lot available four blocks away on 5th Street between R and S Streets

Belmont

Wednesday, November 3, 1993

10:00 a.m. - 2:00 p.m.

San Mateo County Dept. of Social Services  
400 Harbor Blvd., Bldg. B (End of complex)  
Belmont, CA 94002  
(415) 595-7942

Directions:  
Ralston Ave  
exit off 101  
Harbor Blvd is  
off frontage  
road

Free parking available

Fresno

Thursday, November 4, 1993

9:30 a.m. - 1:30 p.m.

2nd Floor  
Manchester Center  
1901 E. Shields  
Fresno, CA  
(209) 227-1901

Free parking available

Directions:  
Take Clinton exit  
off Highway 99,  
left on Blackstone.  
Center is on the  
corner of Shields  
and Blackstone.

Ontario

Monday, November 8, 1993

10:00 a.m. - 2:00 p.m.

San Bernardino Dept. of Public Social Services  
1627 East Holt, 2nd Floor, Runway Room  
Ontario, CA 91761  
(909) 933-6400

Free parking available

Adopt Section 40-021 to read:

40-021 IMPLEMENTATION OF SUPPLEMENTAL CHILD CARE PROGRAM

40-021

- .1 The adoption of Chapter 44-500 and the amendment of Sections 40-131.3, 40-181.1, and 44-111.3 which implement the Supplemental Child Care (SCC) Program shall be effective November 1, 1993. Counties are required to meet the SCC informing requirements at application and redetermination beginning November 1, 1993.

HANDBOOK BEGINS HERE

- .2 Chapter 44-500 is being adopted to implement the Supplemental Child Care (SCC) Program to comply with the provisions of Welfare and Institutions Code Section 11451.7 (Chapter 69, Statutes of 1993).
- .3 Section 40-131 is being amended to require all AFDC recipients be informed about the SCC Program at the time of AFDC redetermination.
- .4 Section 40-181 is being amended to require that AFDC recipients are informed about their eligibility for SCC when they become employed.
- .5 Section 44-111 is being amended to exempt SCC payments from consideration of income for AFDC.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code.

Amend Section 40-131.3 to read:

40-131 INTERVIEW REQUIREMENT (Continued)

40-131

.3 Content of Application Interview (Continued)

u. The availability of supplemental child care payments for working recipients who have child care costs.

Authority Cited: Sections 10553, 10554, 10604, and 18904, Welfare and Institutions Code.

Reference: Sections 10613, 11209, 11324.8(a), AB 312, Chapter 1568, Statutes of 1990, 11451.7, 11500(b), and 11511(a), Welfare and Institutions Code; 7 USC 2020(i), 7 CFR 273.2(j), 42 USC 616(f), 682(c)(2), (3) and (4), 45 CFR 250.20, 45 CFR 250.40(a) and (b); 45 CFR 255.1; 45 CFR 256.1(b).

Amend Section 40-181 to read:

40-181 CONTINUING ACTIVITIES AND DETERMINATION OF ELIGIBILITY (Continued) 40-181

.1 General County Responsibility (Continued)

(1) The county shall inform recipients of the availability of supplemental child care payments to all assistance units which have reported earned income. (Continued)

Authority Cited: Sections 10553, 10554, 10604, 11265.1, and 18904, Welfare and Institutions Code.

Reference: 45 U.S.C. 616(b) and (f); 45 CFR 233.28 and 235.112(b); 7 CFR 273.16(b); and Sections 10553, 10554, 10604, 11451.7 and 11486, Welfare and Institutions Code.

Amend Section 44-111.3 to read:

44-111 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION AS INCOME  
(Continued)

44-111

.3 Exemption of Payments from Public Sources (Continued)

- g. ~~Reserved~~ Reimbursements for child care costs made under the Supplemental Child Care (SCC) Program are exempt from consideration as income. (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11008.15, ~~and~~ 11255, and 11451.7, Welfare and Institutions Code; 42 USC Section 602(g)(1)(E)(i); Section 202(a), Public Law 100-485; 45 CFR 244.0(c); 45 CFR 233.20(a)(4)(ii); 45 CFR 233.20(a)(11)(v)(C); 45 CFR 255.3(f)(1); and Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992.

Adopt Chapter 44-500 and Section 44-501 to read:

44-500 SUPPLEMENTAL CHILD CARE (SCC) PROGRAM

44-501 INTRODUCTION TO SUPPLEMENTAL CHILD CARE

44-501

HANDBOOK BEGINS HERE

The Supplemental Child Care (SCC) Program is mandated by Welfare and Institutions Code Section 11451.7 (Chapter 69, Statutes of 1993). It provides funding for child care to working AFDC recipients when certain eligibility criteria are met. The objective of SCC is to remove one of the most formidable barriers to employment for AFDC families with young children which is the high cost of child care. In assisting these families with their child care costs, it is hoped that they will obtain and maintain employment which will ultimately result in self-sufficiency from the welfare system.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code.

Adopt Section 44-502 to read:

44-502 DEFINITIONS

44-502

The following definitions pertain only to Chapter 44-500. The definitions shall be used in conjunction with the balance of the Supplemental Child Care Program regulations and do not stand alone.

- (a) (1) "AU" means the AFDC assistance unit.
- (b) (1) "Budget Month" means the month used to determine the amount of the SCC payment.
- (c) (1) "Child Care Disregard" means the limited dependent care income disregard amount used to reduce the net countable income in the AFDC grant computation as specified in Section 44-113.21.
- (d) (1) "Date of Receipt" means the date that a document is received by the county welfare department, either through the mail or delivered in person.
- (e) (1) "Exempt from Licensing" means a child care provider who is not required to obtain a day care license.

HANDBOOK BEGINS HERE

(A) Examples of when a day care license is not required.

- 1. The nonrelative child care provider cares for the children of only one family in addition to his/her own children;
- 2. The child care provider is related to the children for whom care is given; or
- 3. The child care provider is a public or private school or recreation program.

HANDBOOK ENDS HERE

(f) through (o) Reserved

(p) (1) "Payment Month" means the month following the report month and the month in which the recipient receives the SCC payment.

(q) Reserved

(r) (1) "Rate Ceiling" means the 75th percentile of the regional market rate or the 100th percentile of the regional market rate when the region has no more than two providers giving that age and category of care.

(2) "Regional Market Rate" means the costs of child care in each county differentiated by age of child and type of care as established in the Regional Market Rate Ceilings for California Child Care Providers.



(3) "Report Month" means the month in which a recipient is required to submit the monthly report (CA 7/SAWS 7, Rev. 1/93) which contains information from the previous month, also known as the budget month.

(s) (1) "SCC" means the Supplemental Child Care Program.

(t) through (z) Reserved

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code.

Adopt Section 44-503 to read:

44-503 PROGRAM ELIGIBILITY

44-503

- .1 An AU shall be eligible for an SCC payment if all of the following conditions are met:
  - .11 A member of the AFDC AU is working and requires child care to remain employed.
  - .12 The AU is eligible to receive the child care income disregard in their AFDC computation as specified in Section 44-113.21.
  - .13 The child care costs were paid for a child in the AFDC AU who meets one of the following conditions:
    - .131 Under the age of 13.
    - .132 Physically or mentally incapable of caring for himself/herself based on a written statement of a physician or a licensed or certified psychologist and meets the age requirements under the AFDC program, as specified in Section 42-100.
    - .133 Under court supervision as specified in Welfare and Institutions Code Sections 601 and 602 and meets the age requirements under the AFDC program, as specified in Section 42-100.
  - .14 The child care provider meets all of the following conditions:
    - .141 Is 18 years old or older.
    - .142 Is not a parent or legal guardian of the child.
    - .143 Is not a member of the AU.
    - .144 Has a day care license or is exempt from licensing.
  - .15 The AU has provided the necessary information to determine SCC eligibility.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11503(a), 11320.3(j)(5), and 11451.7, Welfare and Institutions Code; 45 CFR 233.20; and 45 CFR 255.2, .3, .4, and .5.

Adopt Section 44-504 to read:

44-504 PAYMENT ELIGIBILITY

44-504

- .1 SCC funds shall reimburse child care costs which do not exceed the rate ceiling less the amount allowed for a child care disregard in the AFDC computation as specified in Section 44-113.21.

HANDBOOK BEGINS HERE

- .11 The Regional Market Rate ceilings are determined based on a statistically valid survey of the rates established by child care providers for private clients in accordance with Welfare and Institutions Code Section 11508(b).

HANDBOOK ENDS HERE

- .2 The county shall only issue a SCC payment when the child care hours claimed are for the following:

- .21 Work hours.
- .22 Transportation time between the worksite and the child care provider.
- .23 When necessary, hours based on the provider's standard billing practice.

HANDBOOK BEGINS HERE

- .24 Examples of eligible hours.

.241 Example: A day care provider charges all families based on a weekly rate. The provider charges for any days the SCC child is absent, regardless of the reason (i.e., holidays, sick days and vacation). The provider also charges for days the parent is on holiday. Since this is the provider's billing practice for nonsubsidized families, a request for payment which includes these days would meet the payment eligibility requirements under this section.

.242 Example: A provider charges all families based on an hourly rate. The provider only charges for hours of care provided. The SCC child attends school and needs only after-school care. The county would compare the hours worked to the hours of care, taking into consideration the time the child is in school.

.243 Example: A provider charges all families based on an hourly rate. The parent works from 4 p.m. to 12 a.m. The provider charges for nine hours of child care, because the parent leaves the child in care a half hour before starting work and a half hour after ending the work shift. The county would compare the hours worked including transportation time to the hours of care. A request for payment for nine hours of care would meet the payment eligibility requirements of this section.

HANDBOOK ENDS HERE

- .3 The county shall not approve a SCC payment to a new child care provider if a payment was made for the same period of time to the prior-authorized provider unless the change was due to an emergency situation under Section 44-504.31.
- .31 An emergency situation occurs when care cannot be provided or the provision of care places the child at risk of harm.
- .4 When the beginning date of SCC eligibility is after the first of the month, counties shall deduct from the actual child care costs any amount paid for child care prior to the beginning date of eligibility.

HANDBOOK BEGINS HERE

.41 Example: The recipient became eligible for AFDC on the 15th of the month. The submitted child care receipt shows child care costs for the whole month. The county would request from the parent the amount of child care costs incurred from the 15th through the end of the month before processing the SCC payment.

HANDBOOK ENDS HERE

- .5 The county shall not pay aid paid pending the state hearing decision for SCC.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 255.1(c) and (e)(4); 45 CFR 255.2(a)(1); and 45 CFR 255.4(c)(2) and (i)(1).

Adopt Section 44-505 to read:

44-505 PAYMENT COMPUTATION

44-505

- .1 When the AU is determined eligible for the SCC payment, the county shall pay the difference between:
- .11 The actual child care costs paid up to the applicable 75th percentile rate ceiling, and
- .12 The allowable child care disregard or the portion thereof, used in Section 44-113.21 to reduce the net countable income.

HANDBOOK BEGINS HERE

Example 1: When net countable income subtotal computed in Section 44-113.21 exceeds the total child care disregard allowed.

AU of 3, (parent and 2 children, ages 5 and 1 years).  
Monthly child care costs are \$200 for the 5 year old and \$250 for the 1 year old. Gross income is \$750.

Computation from Section 44-113.21

Gross income	\$750
Standard disregard	-90
	<u>\$660</u>
\$30 disregard	-30
	<u>\$630</u>
1/3 disregard	-210
Subtotal	<u>\$420</u>
Child care disregard for the 5 year old (maximum allowed for a child over 2)	-175
	<u>\$245</u>
Child care disregard for the 1 year old (maximum allowed for a child 2 years and under)	-200
	<u>\$ 45</u>

SCC Computation

Actual child care paid for 5 year old	\$200
75th percentile rate ceiling	330
Lesser of two above	200
Disregard allowed for 5 year old	-175
SCC payment for 5 year old	= \$ 25
Actual child care paid for 1 year old	\$250
75th percentile rate ceiling	389
Lesser of two above	250
Disregard allowed for 1 year old	-200
SCC payment for 1 year old	= \$ 50
Total SCC Payment	= \$ 75

Example 2: When net countable income subtotal computed in Section 44-113.21 is less than the allowable child care disregard.

AU of 3, (parent and 2 children, both over 6 years).  
Monthly child care costs are \$175 per child. Gross income is \$375.

Computation from Section 44-113.21

Gross income	\$375
Standard disregard	-90
	<u>\$285</u>
\$30 disregard	-30
	<u>\$255</u>
1/3 disregard	- 85
Subtotal	<u>\$170<sup>1</sup></u>
Child care disregard (maximum allowed for 2 children over 2 years)	-350
	<u>- \$180</u>

SCC Computation

Actual child care paid for first child	\$175
75th percentile rate ceiling	240
Lesser of two above	175
Portion of disregard used for first child	-170 <sup>1</sup>
SCC payment for first child	= \$ 5

Actual child care paid for second child	\$175
75th percentile rate ceiling	240
Lesser of two above	175
Portion of disregard used for second child	- 0 <sup>2</sup>
SCC payment for second child	= \$175

Total SCC Payment = \$180

<sup>1</sup> Here, only \$170 of the allowable \$175 child care disregard was used to reduce countable income, i.e., only \$170 was needed to reduce the income to -0-.

<sup>2</sup> Here, none of the allowable \$175 child care disregard was used to reduce the net countable income, i.e., the net countable income was entirely offset in the computation for first child.

Example 3: When net countable income subtotal computed in Section 44-113.21 results in the recipient not receiving any amount of the allowable child care disregard.

AU of 3, (parent and 2 children, ages 4 and 1 years). Monthly child care costs are \$90 for both. Gross income is \$120.

Computation from Section 44-113.21

Gross income	\$120
Standard disregard	-90
	\$ 30
\$30 disregard	-30
Subtotal	\$-0-
Child care disregard (maximum allowed)	- 90
	- \$ 90

SCC Computation

Actual child care paid for 4 year old	\$ 45
75th percentile rate ceiling	50
Lesser of two above	45
Portion of disregard used for 4 year old	- 0 <sup>1</sup>
SCC payment of 4 year old	= \$ 45

Actual child care paid for 1 year old	\$ 45
75th percentile rate ceiling	-180
Lesser of two above	45
Portion of disregard used for 1 year old	- 0 <sup>1</sup>
SCC payment of 1 year old	= \$ 45

Total SCC Payment = \$ 90

<sup>1</sup> Here, none of the allowable child care disregards were needed to reduce the net countable income subtotal since it was already reduced to \$0 prior to deducting any child care disregards.

HANDBOOK ENDS HERE

.2 Counties shall round payments to the nearest lower whole dollar.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 233.20(a)(11)(i)(D); 45 CFR 255.3(h)(2); 45 CFR 255.4(a) and (a)(2)(iii); and the Preamble in Federal Register, Volume 54, Number 97, page 42233.

Adopt Section 44-506 to read:

44-506 RECIPIENT RESPONSIBILITIES

44-506

- .1 The recipient shall provide the following information to determine SCC program and payment eligibility by the fifth calendar day of each report month along with the monthly report process under Section 40-181.22.
  - .11 Verification of employment and the number of hours of employment;
    - .111 Acceptable verification shall be pay stubs.
    - .112 Self-certification by the recipient of hours worked is acceptable only if pay stubs are not available or are incomplete.
  - .12 Total child care hours provided during the month;
  - .13 Total child care costs for the month;
  - .14 The care provider's name and address;
  - .15 Whether the provider is a licensed day care center, licensed family day care home, or an exempt day care provider;
  - .16 A certification from the exempt day care provider that he/she is at least 18 years of age and whether he/she is a relative of the SCC recipient; and when not related, that he/she provided the SCC recipient the name, address and telephone numbers of two character references; and a statement as to his/her health; education or experience; criminal record; and names and ages of other persons in the home providing care.
  - .17 A declaration, signed under penalty of perjury, by the child care provider that the information submitted under Section 44-506.1 is true and correct to the best of his/her knowledge.
  - .18 A declaration, signed under penalty of perjury, by the recipient that the information submitted under Section 44-506.1 is true and correct to the best of his/her knowledge.
- .2 The failure to provide the information required in Section 44-506.1 shall result in a denial of the SCC payment.
- .3 The failure to provide the information required in Section 44-506.1 timely may result in a delay of the SCC payment.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 255.1(e); and 45 CFR 255.2(a) and (g).



Adopt Section 44-507 to read:

44-507 COUNTY RESPONSIBILITIES

44-507

.1 General

- .11 The county shall inform applicants and recipients in writing about the availability of SCC payments at the following intervals:
  - .111 At the time of application as specified in Section 40-131.3.
  - .112 At the time of annual redetermination as specified in Section 40-181.2.
  - .113 When earned income is first reported as specified in Section 40-181.1.
- .12 At the intervals specified in Section 44-507.11, the county shall inform current SCC recipients in writing that a failure to provide information in a timely manner could result in delay of issuance or denial of SCC payments.
- .13 At the intervals specified in Section 44-507.11, the county shall inform the SCC recipient in writing of his/her right to request a state hearing regarding SCC benefits and that aid paid pending the state hearing decision is not available.

.2 Action on SCC Payment Requests

- .21 The county shall issue the SCC payment to eligible recipients by the first of the month following the report month unless the verification of child care costs is received after the eleventh day of the report month.

HANDBOOK BEGINS HERE

- .211 Example: If child care costs were paid in November and reported by December 5th, the county shall issue the SCC payment by January 1.

HANDBOOK ENDS HERE

- .22 When the verification of child care costs is received after the eleventh day of the report month, the county shall issue the SCC payment within 30 calendar days from the receipt of verification of child care costs.
- .23 The county shall deny an SCC payment by the first day of the month following the report month in the following situations:
  - .231 When the verification of child care costs was submitted timely but the recipient did not meet the eligibility criteria specified in Sections 44-503 and 44-504.

.232 When the verification of child care costs was not submitted by the first day of the month following the report month unless the recipient had good cause under Section 44-507.233.

.233 Good cause exists in the following situations:

- (a) When the recipient was suffering from a mental or physical condition which prevented timely and complete reporting.
- (b) When the recipient's failure to submit a timely or complete report is caused by county error.
- (c) When the county finds other reasonable circumstances which prevented timely and complete reporting.

.24 The county shall notify the recipient by the tenth calendar day after the date of receipt of the child care information if the information was incomplete and if additional information is needed to determine SCC payment eligibility.

.241 The county shall deny a SCC payment if the recipient has not provided the requested additional information by the first day of the payment month.

.242 The county shall rescind the denial of the SCC payment and grant SCC if the recipient meets the good cause criteria under Section 44-507.233 for providing the requested additional information after the time specified in Section 44-507.241.

### .3 SCC Notice Requirements

.31 The county shall issue an appropriate Notice of Action (NOA) to SCC recipients, pursuant to procedures specified in MPP Division 22, for the following types of SCC actions and changes:

.311 Approval of an SCC payment and shall include an explanation of the SCC payment amount and an explanation of the rate ceiling.

.312 Denial of an SCC payment.

.313 Change in the rate ceiling described in Section 44-504.1.

.314 Collection of overpayment from SCC recipients under Section 44-508.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 233.28(e); 45 CFR 255.1(e); 45 CFR 255.2(a), (g), (g)(2), and (h).

Adopt Section 44-508 to read:

44-508 UNDERPAYMENTS AND OVERPAYMENTS

44-508

.1 General Criteria

.11 Underpayments occur when an SCC payment made to the recipient is less than what he/she is entitled to receive.

.111 Action to correct underpayments shall be taken within 60 calendar days from the date the county determines that an underpayment exists.

.12 Overpayments occur when an SCC payment to the recipient exceeds what he/she is entitled to receive.

HANDBOOK BEGINS HERE

.121 An overpayment may be all or a portion of an SCC payment.

HANDBOOK ENDS HERE

.13 The county shall take all reasonable steps necessary to promptly correct any underpayment and collect any overpayment that is known to the county.

.131 The county shall refer cases of suspected fraud to the county Special Investigative Unit (SIU) under MPP Section 20-005.

.132 The county shall attempt recovery efforts in all cases of current and former AFDC recipients.

.14 The county shall recover SCC overpayments from any person who was a member of the AU at the time the AU was overpaid, whether or not they are currently receiving AFDC benefits.

.2 Initiating Recovery

.21 When the county has determined that an overpayment exists, the county shall calculate the amount of the overpayment and determine the appropriate method of recovery under Sections 44-508.3 and .4.

.211 Recovery methods may be used concurrently.

.22 The county shall take steps to initiate recovery within 30 calendar days from the date the overpayment is discovered by notifying the individual in writing that he/she has an overpayment and how recovery will occur under Sections 44-508.3 and .4.

.3 Overpayment Recovery from Current SCC Recipients

.31 Balancing

.311 When an individual has both an overpayment and an underpayment, the county may offset one against the other.

.32 SCC Payment Adjustment

.321 The overpayment is to be adjusted from the current SCC payment subject to Section 44-508.322.

(a) When the current SCC payment amount is not enough to recover the entire overpayment, the remaining amount of the overpayment shall be applied to succeeding month(s) and the adjustment process shall be repeated.

.322 Recovery from the current SCC payment(s) shall be ten percent of the total payment or \$21 dollars, whichever is greater, but the recovery shall not exceed the current SCC payment.

.33 Voluntary Cash Recovery

.331 The county shall accept any voluntary cash payment from an individual to pay any portion of an existing overpayment.

.4 Overpayment Recovery from Former SCC Recipients

.41 The county shall demand in writing, the repayment of any outstanding overpayment amount from any individual who is no longer receiving SCC payments or loses eligibility for AFDC.

.42 SCC overpayments shall be adjusted from the recipient's AFDC grant when:

.421 The recipient and the county voluntarily agree with the amount of the AFDC grant adjustment.

.422 The individual signs a written agreement with the county.

.43 Once the demand letter for repayment has been sent, the county shall continue recovery efforts of SCC overpayments in:

.431 All cases of fraud;

.432 All cases of current recipients;

.433 All cases of former recipients when the overpayment amount would equal or exceed the cost of recovery.

.44 The county shall recoup SCC overpayments from families receiving Transitional Child Care (TCC) payments by following TCC overpayment collection procedures under Section 47-190.

.5 Overpayment Record Maintenance

- .51 The county shall maintain a record of the overpayment including all notices and agreements, the repayment dates and amounts recovered.
- .52 Once collection of the overpayment is completed, the overpayment records shall be retained in accordance with requirements for records retention of public assistance cases, as specified in Section 23-350.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 205.10; 45 CFR 255.2(h); 45 CFR 255.4(j)(1), (4), (5), (6), (7), and (8); and the Preamble in Federal Register, Volume 54, Number 197, page 42234.

Adopt Section 44-509 to read:

44-509 DATA COLLECTION

44-509

.1 The county shall collect and report data as required by CDSS.

.11 Information shall include, but not be limited to, the following:

.111 Total number of AFDC families receiving SCC payments each month, including the

(a) Number of AFDC-FG families receiving SCC payments each month, and

(b) Number of AFDC-U families receiving SCC payments each month.

.112 Total number of children receiving SCC payments each month by the type of child care (i.e., licensed or exempt, relative or non-relative, inside or outside child's home, family day care, or center care);

(a) Number of AFDC-FG children receiving SCC payments each month by the type of care, and

(b) Number of AFDC-U children receiving SCC payments each month by the type of care.

.113 Expenditures for children receiving SCC payments each month by the type of child care (i.e., licensed or exempt, relative or non-relative, inside or outside child's home, family day care, or center care);

(a) Amount of expenditures for AFDC-FG children each month by type of care, and

(b) Amount of expenditures for AFDC-U children each month by type of care.

.114 Number of months that each family has received child care services.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code and Federal Action Transmittal JOBS-ACF-AT-92-1.